

| REPORT OF INVESTIGATION<br>LINE OF DUTY AND MISCONDUCT STATUS  |   |  |                   |  |  | 1. REPORT DATE (YYMMDD)  |   |                                       |
|--|---|--|-------------------|--|--|--|---|---------------------------------------|
| 2. INVESTIGATION OF (X one)  |   |  |                   |  |  | 3. STATUS (X as applicable)  |   |                                       |
| <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> ILLNESS <input type="checkbox"/> DEATH |   |  |                   |  |  | <input type="checkbox"/> a. REGULAR OR EAD   |   |                                       |
| 4. TO (Major Army or Air Force Commander)  |   |  |                   |  |  | <input type="checkbox"/> b. CALLED OR ORDERED TO AD FOR  |   |                                       |
|  |   |  |                   |  |  | <input type="checkbox"/> (1) MORE THAN 30 DAYS<br><input type="checkbox"/> (2) 30 DAYS OR LESS |   |                                       |
| 5. NAME OF INDIVIDUAL (Last, First, Middle Initial)  |   |  | 6. SSN            |  | 7. GRADE   |  | <input type="checkbox"/> c. INACTIVE DUTY TRAINING (Type) |                                       |
| 8. ORGANIZATION AND STATION  |   |  |                   |  |  | <input type="checkbox"/> d. SHORT TOUR OF ACTIVE DUTY FOR TRAINING                             |   |                                       |
| 9. OTHER MILITARY PERSONNEL INVOLVED IN THE SAME INCIDENT  |   |  |                   |  |  | e. DURATION (Applies ONLY to 3.c. and d.)  |   |                                       |
| NAME (Last, First, Middle Initial)<br>a.   |   | SSN<br>b.  |                   | GRADE<br>c.  | d. LOD INVESTIGATION MADE (X)  |  |   | DATE<br>(YYMMDD)                      |
|  |   |  |                   |  | YES    NO  |  |   |                                       |
|  |   |  |                   |  |  |  | (1) START   | HOUR                                  |
|  |   |  |                   |  |  |  | (2) FINISH  |                                       |
| 10. BASIS FOR FINDINGS (As determined by investigation)  |   |  |                   |  |  |  |   |                                       |
| a. CIRCUMSTANCES   |   | (1) HOUR   | (2) DATE (YYMMDD) | (3) PLACE  |  |  |   |                                       |
| (4) HOW SUSTAINED  |   |  |                   |  |  |  |   |                                       |
| b. MEDICAL DIAGNOSIS   |   |  |                   |  |  |  |   |                                       |
| c. PRESENT FOR DUTY? (X)   |   | d. IF ABSENT: (X)  |                   | (Do not complete 10.e. and f. in death cases.)                 |  | e. WAS INTENTIONAL MISCONDUCT OR NEGLECT THE PROXIMATE CAUSE? (X)                              |   | f. WAS INDIVIDUAL MENTALLY SOUND? (X) |
| <input type="checkbox"/> YES <input type="checkbox"/> NO   | <input type="checkbox"/> WITH AUTHORITY<br><input type="checkbox"/> WITHOUT AUTHORITY |  |                   |  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO                                       | <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                       |
| g. REMARKS   |   |  |                   |  |  |  |   |                                       |
| 11. FINDINGS (X one. Do not complete in death cases.)  |   |  |                   |  |  |  |   |                                       |
| <input type="checkbox"/> IN LINE OF DUTY   |   | <input type="checkbox"/> NOT IN LINE OF DUTY - NOT DUE TO OWN MISCONDUCT |                   |  | <input type="checkbox"/> NOT IN LINE OF DUTY - DUE TO OWN MISCONDUCT   |  |   |                                       |
| 12. INVESTIGATING OFFICER  |   |  |                   |  |  |  |   |                                       |
| a. TYPED NAME (Last, First, Middle Initial)  |   |  |                   | b. GRADE   |  | c. BRANCH OF SERVICE   |   | d. SSN                                |
| e. ORGANIZATION AND STATION  |   |  |                   | f. SIGNATURE   |  |  |   |                                       |
| 13. ACTION BY APPOINTING AUTHORITY   |   |  |                   | 14. ACTION BY REVIEWING AUTHORITY                              |  |  |   |                                       |
| a. HEADQUARTERS  |   |  | b. DATE (YYMMDD)  |  | a. HEADQUARTERS  |  |   | b. DATE (YYMMDD)                      |
| c. (X one. Indicate reasons and substituted findings on back.)   |   |  |                   | c. (X one. Indicate reasons and substituted findings on back.) |  |  |   |                                       |
| <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED   |   |  |                   |  | <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED |  |   |                                       |
| d. TYPED NAME (Last, First, Middle Initial)  |   |  |                   | d. TYPED NAME (Last, First, Middle Initial)                    |  |  |   |                                       |
| e. GRADE   | f. BRANCH OF SERVICE  |  | g. SSN            |  | e. GRADE   | f. BRANCH OF SERVICE   |   | g. SSN                                |
| h. SIGNATURE   |   |  |                   | h. SIGNATURE   |  |  |   |                                       |
| 15. FINAL APPROVAL (For action of office indicated in Item 4.)   |   |  |                   |  |  |  |   |                                       |

|   |         |           |
|---|---------|-----------|
| 16. NAME OF INDIVIDUAL <i>(Last, First, Middle Initial)</i> | 17. SSN | 18. GRADE |
| 19. APPOINTING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS |         |           |
| 20. REVIEWING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS  |         |           |
| 21. APPROVING AUTHORITY - REASONS AND SUBSTITUTED FINDINGS  |         |           |